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UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS

In Re:			
		§ §	Case No.:
	Plaintiff(s)	§	
		§	
v.		§	Adversary No.:
		8	
	Defendant(s)	§	
		§	

APPLICATION FOR ADMISSION PRO HAC VICE

1.	Name:		
	Last	First	MI
2.	Firm Name:		
3.	Address:		
4.	Phone:		
	Email:		
5.	Name used to sign <i>all</i> pleadings:		
6.	Retained by:		
7.	Admitted on of the bar of the highest court of the state of and issued the bar license number of		
8.	Admitted to practice before the following co	urts:	
	Court:	Admission Date:	
		-	

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	Are you presently a mem Yes No	ber in good standing of the bars of the courts listed above?	
	If "No," please list all co	urts which you are no longer admitted to practice:	
0.	•	ect to a grievance proceeding or involuntary removal proceeding of any state or federal court?	ng
	If "Yes," please provide of	letails:	
1.	criminal offense or offen	offenses, have you ever been charged, arrested, or convicted of ses?	f a
	Yes No If "Yes," please provide of	letails:	
2.		e United States Bankruptcy Court, Northern District of Texas in bro hac vice in the past three years:	1
	Date of Application	Case No. and Style	
3.	Local counsel of record:		
4.	Local counsel's address:		

I respectfully request to be admitted to practice in the United States Bankruptcy Court for the Northern District of Texas for this cause only.

I certify that I have read *Dondi Properties Corp. v. Commerce Savs. & Loan Ass'n*, 121 F.R.D. 284 (N.D. Tex. 1988) (en banc), and the local civil and bankruptcy rules of this court and will comply with the standards of practice adopted in *Dondi* and with the local civil and bankruptcy rules.

I am an ECF filer. I also certify that I have served a true and correct copy of this document upon each attorney of record and filed the application via ECF with the payment of \$100.00

I am not an ECF filer. I also certify that I have served a true and correct copy of this document upon each attorney of record and the original upon the US Bankruptcy Court accompanied with the \$100.00 filing fee on		
Printed Name of Applicant	Date	
Signature of Applicant		